

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

09/936150

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3		1					53						
4		3					54						
5	1						55						
6		1					56						
7		2					57						
8	1						58						
9		1					59						
10		2					60						
11		①					61						
12	1						62						
13		1					63						
14		2					64						
15		①					65						
16		①					66						
17		①					67						
18	1						68						
19		1					69						
20		2					70						
21		①					71						
22		①					72						
23		①					73						
24	1						74						
25		1					75						
26		1					76						
27		3					77						
28							78						
29							79						
30							80						
31							81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	6						TOTAL IND.						
TOTAL DEP.	29						TOTAL DEP.						
TOTAL CLAIMS	35						TOTAL CLAIMS						